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CONFIRMATION NO. 4624

SERIAL NUMBER 10/613,639 ✓	FILING OR 371(c) DATE 07/03/2003 RULE ✓	CLASS 424 ✓	GROUP ART UNIT 1616 ✓	ATTORNEY DOCKET NO. 3818.02-5
APPLICANTS Alan Bruce Montgomery, Medina, WA; ✓ <i>SHMA</i>				
** CONTINUING DATA ***** This application is a CIP of 10/027,113-12/20/2001 PAT 6,660,249 which claims benefit of 60/258,423 12/27/2000 ✓ <i>SHMA</i>				
** FOREIGN APPLICATIONS ***** NONE <i>SHMA</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 10/01/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>John H. Elder</i> Allowance Examiner's Signature <i>SHMA</i> Initials		STATE OR COUNTRY WA	SHEETS DRAWING 3	TOTAL CLAIMS 28 16 INDEPENDENT CLAIMS 8 1
ADDRESS Hana Verny Peters, Verny, Jones & Schmitt, L.L.P. 425 Sherman Avenue Suite 230 Palo Alto, CA94306				
TITLE Inhalable aztreonam lysinate formulation for treatment and prevention of pulmonary bacterial infections ✓				
FILING FEE RECEIVED 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	